

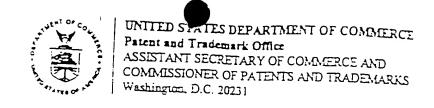
PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

033997

	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR			UMBE	ER FILED NU		NUMBER	NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE										395.00	OR		790.00
TOTAL CLAIMS			29 minus 20 = *				9		x\$11=		OR	x\$22=	198.00
	PENDENT CLA		5 minus 3 = * 6				ત્રે		x41=		OR	x82=	164.00
MULTIPLE DEPENDENT CLAIM PRESENT								 	+135=		OR	+270=	-
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	1152.00
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALL							ENTITY	OTHER THAN OR SMALL ENTITY				
ENT A		CLAIM REMAINI AFTEF AMENDM	ING R		NU PRE\	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**		=		x\$11=		OR	x\$22=	
	Independent	nt *		Minus	***		=		x41=		OR	x82=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
(Column 1) (Column 2) (Column 3)									TOTAL ADDIT. FEE			OR ADDIT. FEE	
AMENDMENT B		CLAIM REMAINI AFTEF AMENDM	IS IING R		HIC NU PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		x\$11=		OR	x\$22=	
	Independent	*		Minus	***		=		x41=		OR	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
	(Column 1) (Column 2) (Column 3)						Α	TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE			
AMENDMENT C		CLAIM REMAINI AFTEF AMENDM	IING R		NL PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		x\$11=		OR	x\$22=	
	Independent			Minus	***		=		x41=		OR	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +13										OR	+270=	
*** f	the "Highest Nur the "Highest Nur	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL OR ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											



NOTICE OF FILING/CLAIM FEE(S) DUE

TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 09/033997

Total Fee Calculation

			- Cuicaia				
	Fee Code	Total # Claims	Number Extra	X	F⇔	Fee =	Total
	Sm./Lg				Sm. Entity	Lg. Entity	
Basic Filing F≈	201/101				•	/	<u>190.00</u>
Total Claims >20	203(103)	29 -20	= 9	x		22.00	
Independent Claims >3	202/102		= 2			82,00	<u>198.00</u>
Mult. Dep Claim Present	204/104			^			164.00
Surcharge	205(105) Lines	igned ded	Good-				120.50
English Translation	_139_	9,100	.00000000000000000000000000000000000000				<u>130.00</u>
TOTAL FEE CALCULA	ATTON						- <u></u>
Fees due upon filing th	ne application:						1
Total Filing Fees Due	= \$	282.00					
Less Filing Fees Submi	itted - \$			_			
BALANCE DUE	= S <u></u>	282.00					
1 1.0	'			-		<i>:</i>	

FORM OIPE-RAM-01 (Rev. 5/97)